

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

400 W Congress #521
Tucson AZ 85701-1352
(520) 628-6595

STORE SAMPLING REQUEST

ARS §4-243(B)(3)

MUST SUBMIT REQUEST AT LEAST 10 DAYS BEFORE SAMPLING DATE

Complete this section.

1. Wholesaler/Producer Name: _____
2. Wholesaler/Producer License Number: _____
3. Wholesaler/Producer Licensee/Agent Name: _____
Last First
4. Date of Sampling: _____
5. Time of Sampling: From _____ am ☐ / pm ☐ To: _____ am ☐ / pm ☐ **Not to exceed 3 hours.**
6. Name of Entity Hosting the Sampling: _____
7. Off-Sale Retailer Liquor License Number: _____
8. Sampling Address Location: _____
9. Product(s) to be sampled: _____
10. Description of proposed barrier: _____

Requesting party conducting the sampling must be an agent or authorized owner representative listed on the Department of Liquor records for the wholesaler/producer conducting the sampling.

I have read, understand, and agree to comply with the statutory requirements for conducting sampling at an off-sale retail location.

Authorized Representative:

Date: _____

Signature

Fax #: () _____

Title

Date Submitted: _____

Approved ☐

Disapproved ☐

LCS checked by: _____

Number of Events at this Location 1 2 3 4 5 6 7 8 9 10 11 12

Circle One

Investigations

Department Use Only